U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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/ ~ B -2·/			
Q _{MS} DROT			
1. File Number U - 6 239	2. Fiscal	Year Covered From:	
		1 / 1 / 2004	Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name	, file number, and address o	f labor organization.
Name David W Oleksy	Name	Name IBEW Local 219 AFL-CIO	
	Labor	Organization File Number	008-308
P.O. Box, Bldg., Room No., if any $\sqrt{N/A}$	P.O. B	ox, Building and Room Num	nber, if any N/A
Street 712 Erie Avenue	Street	Street 205 East Flesheim Street	
City Crystal Falls	City	Iron Mountain	
State Michigan ZIP Code + 4 49920	State	Michigan	ZIP Code + 4 49801
5. Position in labor organization. President	remensation veneral conquision		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	r derived in	come or other economic t	g to represent.
Name and address of Employer (including trade name, if any).	, I .a. Ivan	me of interest, transaction, t	or module.
Name N/A	,		
Trade Name, if any:	uður kennunn refndiðar		
			•
P.O. Box, Bldg., Room No., if any	A MANAGE AND A MAN		
P.O. Box, Bidg., Room No., if any	7.b. Amo	unt.	
P.O. Box, Bldg., Room No., if any Street	7.b. Amo	ount.	
	7.b. Amo	ount.	•
Street City	7.b. Amc	punt.	-
Street	7.b. Amc	punt.	
Street City State ZIP Code + 4	7.b. Amo	unt.	
Street City State ZIP Code + 4	nature f Perjury and anying docum	d other applicable penalties ents), has been examined by	of the law, that all of the information y the signatory and is, to the best of the
Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	nature f Perjury and anying docum	d other applicable penalties ents), has been examined by	of the law, that all of the information y the signatory and is, to the best of the
Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	nature f Perjury and anying docume ection on performance in the control of the c	d other applicable penalties ents), has been examined by nalties in the instructions.)	of the law, that all of the information y the signatory and is, to the best of the

Name of Person Filing David Oleksy	·	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
	11.b. Approximate dollar value	e of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held	or income received.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		+
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Michigan Upper Peninsula IBEW Pension Plan Trade Name, if any: N/A	1/4/04 reimburseme lost wages/fringe	nt for meeting exp benefits.	enses and
P.O. Box, Bldg., Room No., if any N/A	***************************************		
Street 119 South Front Street	Para Para Para Norman		
City Marquette	5. Yes		
State Michigan ZIP Code + 4 49855			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$700

Name of Person Filing David Oleksy	File Number U-	Photos and the state of the sta
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or included in the consists of buying from the	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Pagaived from any employer (other than on employer covered under	r north A and P above)	
Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value. 14.a. Nature of payment. 2/24/04 reimbursement for meeting	expenses and
Name Michigan Upper Peninsula IBEW Pension Plan Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any N/A Street 119 South Front Street	lost wages/fringe benefits.	
City Marquette		
State Michigan ZIP Code + 4 49855		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$211

Name of Person Filing David Oleksy	File	Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name N/A		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	Sometrari 1	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name N/A	AND THE PROPERTY OF THE PROPER	
Trade Name, if any:	The second of th	
P.O. Box, Bldg., Room No., if any	VANAN KALILIII	
Street	11.b. Approximate dollar value of s	such dealing
City	12.a. Nature of interest held or in	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Michigan Upper Peninsula IBEW Pension Plan	4/13/04 reimbursement lost wages/fringe ber	for meeting expenses and nefits.
Trade Name, if any: N/A		001111111111111111111111111111111111111
P.O. Box, Bldg., Room No., if any N/A		reaction and the second
Street 119 South Front Street		**************************************
City Marquette		
State Michigan ZIP Code + 4 49855		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$209

Name of Person Filing David Oleksy	File Number U	J-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing	ig.	
State ZIP Code + 4	12.a. Nature of interest held or income rec	ceived.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Michigan Upper Peninsula IBEW Pension Plan Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any N/A Street 119 South Front Street City Marquette State Michigan ZIP Code + 4 49855	8/24/04 reimbursement for me lost wages/fringe benefits.	eeting expenses and	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$211	

Name of Person Filing David Oleksy	File Number U-	*****	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income receive	ed.	
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		•	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Michigan Upper Peninsula IBEW Pension Plan	12/7/04 reimbursement for meet expenses and lost wages/fringe conference attendance.		
Trade Name, if any: N/A			
P.O. Box, Bldg., Room No., if any N/A		un trockets declared.	
Street 119 South Front Street			
City Marquette		construction	
State Michigan ZIP Code + 4 49855		estables con es	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$1,299	